

OCT 07 2009

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TO: USPTO- MS- PETITIONS

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1-571-273-8300

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Justine A. Gozzi
2832

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SENDER'S ASSISTANT:

Evelyn L. Wright

ASSISTANT'S PHONE NUMBER:

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DATE:

October 7, 2009

CLIENT/MATTER NUMBER:

38952-180895

PAGES, EXCLUDING COVER:

12

Re: U.S. Application No. 06/531,939

MESSAGE: SEE ATTACHED.

1049637v3

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OCT 07 2009

PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0631-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). FEE TRANSMITTAL For FY 2009		Complete if Known Application Number 06/531,939 Filing Date September 7, 1983 First Named Inventor Albert Dunn Examiner Name B. E. Gregory Art Unit 3662 Attorney Docket No. 38952-180895	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	140.00	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 (including Reissues)							52
Each independent claim over 3 (including Reissues)							220
Multiple dependent claims							390
Total Claims - 20 or HP = <input checked="" type="checkbox"/> Extra Claims Fee (\$) HP = highest number of total claims paid for, if greater than 20.							Fee Paid (\$)
Indep. Claims - 3 or HP = <input checked="" type="checkbox"/> Extra Claims Fee (\$) HP = highest number of independent claims paid for, if greater than 3.							Fee Paid (\$)
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
- 100 =		/50 =	(round up to a whole number) x				
4. OTHER FEE(S)							Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1814 Statutory Disclaimer							140.00

SUBMITTED BY			
Signature	Registration No. (Attorney/Agent)	42,709	Telephone (202) 344-4000
Name (Print/Type)	Jeffri A. Kaminski		Date 10/7/09

1051034v2

OCT 07 2009

PTO/SB/17 (10-08)

Approved for use through 05/30/2010. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).		Complete if Known					
FEE TRANSMITTAL For FY 2009		Application Number	06/531,939				
		Filing Date	September 7, 1983				
		First Named Inventor	Albert Dunn				
		Examiner Name	B. E. Gregory				
		Art Unit	3662				
		Attorney Docket No.	38952-180895				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27							
TOTAL AMOUNT OF PAYMENT	(\$) 1,780.00						
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	52	26					
Each independent claim over 3 (including Reissues)	220	110					
Multiple dependent claims	390	195					
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims - 20 or HP <input checked="" type="checkbox"/> _____ _____ Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = <input checked="" type="checkbox"/> _____ _____ HP = highest number of independent claims paid for, if greater than 3.							
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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =		/50 =	(round up to a whole number) x				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1453 Petition to revive unintentionally abandoned ... \$1780.00							
SUBMITTED BY							
Signature	Registration No. (Attorney/Agent) 42,709	Telephone (202) 344-4000					
Name (Print/Type) Jeffri A. Kaminski	Date	July 8, 2009					

1044485



DEPARTMENT OF THE ARMY
UNITED STATES ARMY LEGAL SERVICES AGENCY
901 NORTH STUART STREET
ARLINGTON VA 22203-1937



REPLY TO
ATTENTION OF

March 20, 2006

Intellectual Property Office

Commissioner of Patents and Trademarks
U.S. Patent and Trademark Office
ATTN: Licensing and Review
3-11C-17
Washington, D.C. 20231

Dear Sir:

The following identified application is under and order of secrecy in accordance with the provisions of 35 USC 181:

U.S. Patent Application Serial No.: 06/531,939
Filed: 07 Sep 1983
Inventor(s): Albert Dunn
Title:

It is now recommended that the secrecy order be rescinded.

Sincerely,

Diane R. Winter
Paralegal Specialist

cc:
ASPAB
Venable(Jeffri A. Kaminski)

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